		spond to a collection of information unless it displays a valid OMS control number  Complete if Known					
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						/551,305	
FEE TRANSMITTAL							
For FY 2009				3.71		eptember 28, 2005	
FOI F1 2009						ancy Dean	
Applicant claims small entity status. See 37 CFR 1.27				aminer Name		William D. Coleman	
TOTAL AMOUNT OF PAYMENT (\$) 180.00			<b>!</b>	Unit		2823	
(\$) 180.00 Attorney Docket No. H0004275.84418 US2 - 4018							
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
☐ Deposit Account Deposit Account Number: 500977 Deposit Account Name: Buchalter Nemer							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
✓ Charge fee(s) indicated below							
Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES	S SE Entity				MINATION FEES	
Application Type			<u>≥e (\$)</u>	nall Entity Fee (\$)	Fee (\$)	mall Entity Fee (\$)	Fees Paid (\$)
Utility	330 16	5 5	40	270	220	110	
Design	220 11	0 10	00	50	140	70	7.00 AV / W. L. L. V.
Plant	220 11	0 3:	30	165	170	85	
Reissue	330 16	5 5,	40	270	650	325	
Provisional	220 11		0	0	0	0	
2. EXCESS CLAIM FEES Small Entity							
Fee Description Fee (\$) Fee (\$)							
Each claim over 20 (including Reissues)						52	26
Each independent claim over 3 (including Reissues) Multiple dependent claims						220 390	110 195
and the state of t				d /\$)			193 endent Claims
	=X		Fee Paid (\$)			Fee (\$)	Fee Paid (\$)
HP = highest number of to	otal claims paid for, if gr	eater than 20.					
Indep. Claims	Extra Claims	<u>Fee (\$)</u>	Fee Pai	<u>1 (\$)</u>			
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)							
Other (a gradual state of the s							
one (e.g., area)	ng surtharge). <u>Info</u>	rination Disclosu	re Stater	nent			180.00
SUBMITTED BY Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
ignature Registration No. 46,264						Telephone	949-224-6282
Vame (Print/Type) Sandra	P. Thompson	<del></del>	S P P COL	- o projectity		Date 1/7.	-13-200R

This collection of Information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.